Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10600904

								7000-7-7					
			(Column 1) (Co			umn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			,			- [	RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=		
* If the difference in column 1 is			less than zero, enter "0" in column 2				TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							• • • • • • • • • • • • • • • • • • •			OTHER THAN OR SMALL ENTITY			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F.O. 4111	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	'ENDEN	CLAIM			+140=	,	OR	+280=		
			٠			м		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
·		(Column 1)	-	(Colu		(Column 3)		· · · · · · · · · · · · · · · · · · ·		_ ,			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	= [-]		X42=		OR	X84=		
<u> </u>	FINOI PRESE	NIATION OF MI	JEHPLE DEP	ENDEN	CLAIIVI		ا '	+140=		OR	+280=	·	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								<u> </u>	1	<del></del>	-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE										L			
		her Previously Pa					or for	and in the ani	nronriate ho	v in co	olumn 1		